EPP1021

Features of infllammatory reactions and clinical picture in elderly and young patients with schizophrenia

L. Androsova[1]*, A. Barkhatova[2], V. Sheshenin[3], S. Zozulya[1], I. Otman[1], V. Pochueva[3] and T. Klyushnik[1]

[1]Laboratory Of Neuroimmunology, Mental Health Research Centre, Moscow, Russian Federation; [2]Department For The Study Of Endogenous Mental Disorders And Affective States, Mental Health Research Centre, Moscow, Russian Federation and [3]Department Of Gerontological Psychiatry, Mental Health Research Centre, Moscow, Russian Federation

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1262

Introduction: It is known that the intensity of inflammation weakens with age, and therefore it is of interest to study the clinical features of schizophrenic process in relation to the level of inflammatory markers.
Objectives: To determine the level of inflammatory markers (the activity of leukocyte elastase (LE) and α1-proteinase inhibitor (α1-PI), autoantibodies (aAB) to neurotrophin S100b and myelin basic protein) in plasma in different years old groups of patients with schizophrenia.
Methods: Two groups of patients with schizophrenia were examined: the 1st group - 19 women aged 60 to 78 years; the 2nd group - 24 women aged 19 to 42 years.
Results: An increase in activity both of LE and α1-PI was found in young patients. This characterizes a balanced inflammatory response. Elderly patients showed a similar increase in the activity of α1-PI, however, LE activity did not exceed the control values. Insufficient LE activity probably characterizes a decrease in the functional activity of neutrophils. The negative correlation was revealed between the activity of LE and TotPsy (PANSS) in the group of elderly patients ($r=-0.62$, $p<05$) and positive correlation between aAB to S100b and TotNeg in both groups ($r=0.56$ and $r=0.49$, $p<05$ respectively). There is relationship between age, the activity of psychopathological symptoms and the rate of development of schizophrenia: the rapid course and variety of disorders at a young age, against the poverty of symptoms and a slow rate in the elderly.
Conclusions: There is relationship between the features of inflammatory reactions and clinical picture in elderly and young patients with schizophrenia.

Keywords: schizophrenia at young and old age; inflammatory markers

EPP1020

A case of late-onset and long term of anti-nmda-receptor encephalitis in a 50-year-old patient with psychosis and cognitive decline

Y. Palchikova[1]*, N. Zalutskaya[1], N. Gomzyakova[1], V. Mikhailov[2] and A. Natalia[3]

[1]Geriatric Psychiatry, V. M. BEKHTEREV NATIONAL RESEARCH MEDICAL CENTER FOR PSYCHIATRY AND NEUROLOGY, St. Petersburg, Russian Federation; [2]Of Epilepsy, V.M. Bekhterev National Medical Research Center for Psychiatry and Neurology, Saint Petersburg, Russian Federation and [3]Radiology, V. M. BEKHTEREV NATIONAL RESEARCH MEDICAL CENTER FOR PSYCHIATRY AND NEUROLOGY, St.Petersburg, Russian Federation

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1263

Introduction: Anti-NMDA-receptor encephalitis is a severe rare acute form of encephalitis caused by an autoimmune process with the synthesis of autoantibodies to the glutamate receptors. The average age of onser is estimated to be 23-25 years. A typical clinical picture consist of prodromal, psychotic, areactive, hyperkinetic phases, and a phase of gradual regression of symptoms. The disease usually lasts for a several weeks with spontaneous recovery or fatal outcome and caused by neoplastic process. Our case demonstrates that the course of anti-NMDAR encephalitis is possible at more mature age in the form of a long process with cultural features, without significant catadrome, inflammation and associated neoplastic process.
Objectives: 50-year-old woman complained about hypomnesia, anosmia and dissomnia. The disease began with impaired consciousness, disorientation, seizures and memory loss 4 years ago. After 3 weeks IgG to the herpes simplex and cytomegalovirus were detected. Then after a discharge with no improvement and visit of Lama, the symtoms described above spontaneously reduced and schizophrenia-like psychosis developed, accompanied by mild neurological and severe neurocognitive symptoms, weight loss, intolerance to antipsychotics in minimal daily doses. This state was mantained till 2020.
Methods: Examination included: CBC, metabolic panel, coagulogram, tumor markers, CSF, MRI, PET, specialists.
Results: CBC, metabolic blood analysis, tumor markers - within the reference values. CSF: cytosis 9/3, glucose 5.5 mmol/l, Pandi++, Nonnet-Apeltau+, antibodies to the NMDA receptor - 8. MRI: signs of the consequences of encephalitis. PET: no signs of metabolic activity of the malignant process.
Conclusions: This case brings additional data about a couse, age of onset, duration and trigger factors for anti-NMDAR encephalitis.

Keywords: Anti-N-Methyl-D-Aspartate Receptor Encephalitis; Herpes Simplex; Neurobehavioral Manifestations; schizophrenia-like psychosis

EPP1021

Neuropsychiatric symptoms of multiple sclerosis: A case report

P. Espada Dos Santos*, J. Facucho-Oliveira, D. Esteves-Sousa, M. Costa, M. Albuquerque, A. Fraga, M. Marinho and P. Cintra

Psiquiatria E Saúde Mental, Hospital de Cascais Dr. José de Almeida, Alcabideche, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1264

Introduction: Multiple Sclerosis (MS) is an immune-mediated inflammatory demyelinating disease of the central nervous system. Concomitant psychiatric diseases are frequent in MS, with depression and anxiety disorders constituting the majority. The presence of psychotic disorders with MS is rare. Several studies have reported that psychotic symptoms usually develop after the neurological signs of MS and they are mostly linked to the side effects of treatment with interferon or with corticosteroids.

Objectives: The authors report here the case of patient with MS without psychiatric history that developed psychotic symptoms.
Methods: Beside the medical record of the patient a non-systematic search of the literature was carried out in the databases Pubmed and Google Scholar with the terms "Multiple Sclerosis", "Multiple Sclerosis treatment "and" Neuropsychiatric symptoms ".
Results: A 38 years old woman with MS, with no psychiatry history developed paranoid and reference delusions, several months after starting interferon beta-1a therapy. The inferferon therapy was stopped and the patient was started Risperidone 3 mg id with a rapid but only partial remission of the psychotic symptoms. The patient presented high blood levels of prolactine and the MRI showed a pituitary microadenome. The Risperidone was switched to Aripiprazol 15 mg also with partial remission of the psychtic symptons.
Conclusions: It is not possible to attribute our patient's psychotic symptoms entirely to his Interferon therapy or to MS lesion load, but the occurrence during treatment, no psychiatric history and the rapid but parcial resolution with discontinuing suggest that Interferon therapy was at least contributory to the clinical picture.

Keywords: psychosis; Multiple sclerosis; Psychiatric disorders; Interferons

EPP1022

Psychiatric manifestations of autoimmune encephalitis

M.T. Valadas[1]*, R. Mota Freitas[2] and R. Varela[3]

[1]Serviço De Psiquiatria, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal; [2]Departamento De Psiquiatria E Saúde Mental, Hospital do Espírito Santo de Évora, Évora, Portugal and [3]Serviço De Neurologia, Centro Hospitalar Universitário do Porto, Porto, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1265

Introduction: Autoimmune encephalitis (AE) refers to a newly described, heterogeneous group of rare diseases characterized by brain inflammation and circulating autoantibodies. Various AE have been described and each of them is linked to the presence of specific autoantibodies directed against synaptic and neuronal cell surface antigens. The clinical picture includes a wide array of neuropsychiatric symptoms and is correlated with the associated antibody subtype. Since pronounced psychiatric symptoms are relatively common at the onset, patients can be misdiagnosed and initially driven to psychiatric institutions, thus delaying the adequate diagnosis and management of AE.
Objectives: We aim to review and summarize the psychiatric manifestations of AE that might dominate the clinical picture. We also aim to describe the clinical signs that should alert the psychiatrist to the possibility of these diagnoses.
Methods: We performed an updated review in the PubMed database using the terms "autoimmune", "encephalitis" and "psychiatric manifestations". The included articles were selected by title and abstract. We also consulted a reference textbook.
Results: We summarize the reported psychiatric manifestations of AE and also include two situations that can be helpful in AE diagnosis in the psychiatric setting: symptoms that should alert the physician for the possibility of AE and symptoms that should prompt an antibody detection test.
Conclusions: AE are rare diseases that present very frequently with psychiatric symptoms as the first manifestation. Psychiatrists need to be aware of the most common psychiatric manifestations of AE since the early recognition and treatment of AE is fundamental for a good outcome.

Keywords: Autoimmune encephalitis; psychiatric manifestations

Psychopathology

EPP1023

A closer look to apathy

D. Silva*, R. Martins, F. Polido and M.D.C. Cruz

Psychiatry, Centro Hospitalar Universitário do Algarve, Portimão, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1266

Introduction: Apathy is a neuropsychiatry syndrome, conceptualised as a loss of motivation free of altered consciousness, cognitive impairment or emotional distress, associated with a wide range of brain disorders such as Dementia, Major depression and schizophrenia. Even though under-recognized and under-diagnosed, apathy hardly appears uncommon. Its reported frequency in various neurologic and psychiatric conditions varies widely, from less than 10 to over 80%, reflecting differences in population characteristics and assessment procedures.
Objectives: The aim of this article is to review the concept of Apathy and clarify its nosology, pathopshysiology and treatment.
Methods: An online bibliographic search was carried out on PubMed and Medline using "Apathy" as a term.
Results: The literature reviewed shows that apathy is a multidimensional clinical construct with a current definition and validated diagnostic criteria. Analysis reveals that apathy is strongly associated with disruption particularly of anterior cingulate cortex (ACC), ventral striatum (VS) and nucleus accumbens (N acc). Remarkably, these changes are consistent across clinical disorders and imaging modalities, playing a crucial role in normal motivated behaviour.
Conclusions: The neuromodulator dopamine is heavily implicated in ACC and VS. Therapeutically, numerous small studies suggest that psychostimulants, dopaminergics, and cholinesterase inhibitors may benefit those manifesting this syndrome. However, no adequately powered, randomized controlled trials have reported success and no medication have ever been approved for this disorder Further research is needed to help understand the functional neuroanatomy, neuromodulators involved and possible treatment options of this clinical construct.

Keyword: apathy

EPP1024

Capgras syndrome. Where to find it?

I.D.L.M. Santos Carrasco*, J. Gonçalves Cerejeira, E. Rodríguez Vázquez, C. Capella Meseguer, M. Queipo De Llano De La Viuda, G. Guerra Valera, A. Gonzaga Ramírez, C. De Andrés Lobo, C. Vallecillo Adame, T. Jiménez Aparicio and A. Pérez Escudero

Psychiatry, Clinical Hospital of Valladolid, Valladolid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1267